The Norwegian Board of Health Supervision
Where do we stand and where are we headed?

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Brief overview of Norway

Three levels of political-administrative structure in Norway:

• The state
• 16 counties
• 422 municipalities
Organization of healthcare services

• 4 Regional Health Authorities
  – responsible for specialized healthcare services (somatic and mental care)
    • Most hospitals are publicly owned

• The municipalities
  – responsible for primary healthcare child welfare and social services
The Norwegian Board of Health Supervision

- Approximately 100 employees

- Responsible for supervision of health and social services, and child welfare services
Our position in government administration
The Offices of the County Governor

• 10 regional agencies responsible for supervision and management duties

• The County Governors are subordinate to the Norwegian Board of Health Supervision, but also to other directorates

• Advantages and challenges with a regional level
Our mission

Contribute to quality, safety and public trust in the services
Our main tasks

• *Monitoring* – supervision with an overall perspective that involves collecting, organizing and interpreting information about the services.
  • Example: Report about services to patients with dual diagnosis; psychiatric and substance abuse

• *Planned inspections - Assessing* delivery of services according to professional standards and legal requirements.
  • System audits
The Reporting System for Serious Adverse Events

- A serious adverse event: *The patient has died or been seriously injured, and the outcome was unexpected in relation to the foreseeable risk*

- The Reporting System for Serious Adverse Events currently applies to specialized health services, but from the middle of 2019 it will also apply to municipal health services
Complaints from patients – the right to receive services

Patients who believe their right to receive health and social care has not been met, or that their other rights have not been fulfilled, can request the County Governor to review the decision.

- The County Governors can reverse decisions.
User involvement – what do we do

• National user council

• Individual cases of complaints

• Planned inspections
  • Information gathered from users/patients
  • Experts by experience in inspection teams

• Adverse events
Dilemmas – user involvement

• Recruit and educate users and patients for planned inspections

• Information gathered from users during planned inspections
  • Confidentiality vs. transparency during inspection process
Effective supervision
Key challenge

• To what extent do the providers improve the quality problems that we encounter during our inspection activities?

• Service providers implement improvement measures with the best intentions, but in many cases these measures do not actually change practice and improve the services.
Effective supervision

• What impact do our supervisory activities «really have» have on the services provided to patients and users?

• Can we use our resources differently to gain more impact?

• Research project
About our inspection findings

• «In order to contribute to improvement, the inspection findings need to be perceived as relevant and important for clinical practice. Inspection may represent a unique opportunity for improvement, because it ensures leader engagement during the improvement process»

  Physician

Rapport: Pasienter med sepsis – får de raskere behandling i akuttmottak? Oppfølgingen av landsomfattende tilsyn 2016–2018
About follow up

• «The follow up from the inspectorate can sustain a necessary engagement and interest for improvement throughout the entire chain of management»

  Physician

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